

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10-049669

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	
IND.	BOP	IND.	BOP	IND.	BOP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL 1. D.	2		1		
TOTAL 2. P.	3		1		
TOTAL 3. B.	5		1		

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL 1. D.	2		1		
TOTAL 2. P.	3		1		
TOTAL 3. B.	5		1		
TOTAL CLAIMS					